

PRE-APPROVAL OF CLOCK HOURS
CATEGORY I: TRAVEL/WORK EXPERIENCE
ISD 196: ROSEMOUNT-APPLE VALLEY-EAGAN

- Prepare this application form and submit to your building liaison at least **one month prior** to the requested activity.
- **ALL ITEMS MUST BE COMPLETED AND VERIFICATION MUST BE ATTACHED.**
- Activities must be related to teaching assignment and/or area(s) of licensure for the purposes of improving instructional capabilities. Personal travel/trips will not be approved.
- One week (40 hours) of preapproved travel or work experiences equals 10 clock hours.
- No more than 30 clock hours are allowed in a 5-year period.

1. Print Name _____ Phone _____
email address _____

2. Address _____
City/State _____ Zip _____

3. School _____ Grade/Subject _____

4. Employee Number _____ 5. License File Folder # _____ Tier _____

6. Relicensure Area(s) _____

7. Activity/Title _____ 8. Beg/End Date(s) _____

9. # Clock Hrs. Requested _____

10. _____ I have attached an explanation of how this activity will impact, enhance and/or improve my teaching capabilities.

11. This activity covers the following area(s)

- | | |
|--|--|
| <input type="checkbox"/> Positive Behavior Intervention Strategies | <input type="checkbox"/> English Learners |
| <input type="checkbox"/> Reading Strategies | <input type="checkbox"/> Mental Health Issues/Depression/Anxiety |
| <input type="checkbox"/> Cultural Competency | <input type="checkbox"/> Suicide Prevention |

13. Applicant Signature _____ Date _____

Prior to sending this information to the committee – Make a copy of this information for your files prior to sending it to the continuing education committee for approval. Save this form with attachments for your records. Travel/Work Experience must be related to teaching areas.

Following the approval and completion of this activity, add the information to the Keepcertified system and send this signed sheet with verification that you completed the work experience or travel to a Continuing Education Committee member.

Approved _____ Committee Member Signature _____ Date _____

Disapproved _____ Reason _____